

943

ARIZONA STATE BOARD OF HEALTH									
BUREAU OF VITAL STATISTICS									
STANDARD CERTIFICATE OF BIRTH									
1. PLACE OF BIRTH		County <u>Gila</u> State <u>ARIZONA</u>				State File No. <u>65124</u> Registered No. <u>55</u>			
Township		City <u>Miami</u> No. _____				St. _____ Ward _____			
(If birth occurred in a hospital or institution, give its NAME instead of street and number)									
2. Full name of child <u>Maria Torres</u> { If child is not yet named, make supplemental report, as directed									
3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate?	8. Date of birth <u>April 23</u> , 19 <u>47</u> (Month, day, year)			
9. Full name <u>Luis Torres</u> FATHER				18. Full maiden name <u>Sabas Butierrez</u> MOTHER					
10. Residence (usual place of abode) <u>Miami, Ariz</u> (If non-resident, give place and State)				19. Residence (usual place of abode) <u>Miami, Ariz</u> (If non-resident, give place and State)					
11. Color of race <u>Mexican</u>				12. Age at last birthday <u>45</u> (Years)		20. Color of race <u>Mexican</u>		21. Age at last birthday <u>30</u> (Years)	
13. Birthplace (city or place) <u>Guadalupe, Mexico</u> (State or country)									
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.									
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Miner</u>									
16. Date (month and year) last engaged in this work _____, 19____									
17. Total time (years) spent in this work _____									
22. Birthplace (city or place) _____									
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>									
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.									
25. Date (month and year) last engaged in this work _____, 19____									
26. Total time (years) spent in this work _____									
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>one</u> (b) Born alive but now dead <u>nine</u> (c) Stillborn _____									
28. If stillborn, period of gestation _____ (months or weeks) 29. Cause of stillbirth _____									
30. Before labor _____ During labor _____									
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE									
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>6</u> P. M. on the date above stated (Born alive or stillborn)									
When there was no attending physician or midwife, then the father, householder, etc., should make this return.									
(Signed) <u>Sabas Butierrez</u> (Mother) <u>mark</u> M.D. or _____ Midwife									
Address _____									
Filed <u>June 6</u> , 19 <u>47</u> <u>C. M. Cron</u> Registrar									
Given name added from supplemental report <u>432-423-222</u> (Date of) _____									
<u>Wanda Justice of the Peace</u> Registrar									